OVERVIEW

Early care and education plays an important role in children’s health and development. Families’ choices related to early care and education are influenced by their unique circumstances and the availability of arrangements that meet their needs. Child care decision-making can be challenging for families, particularly if they have limited financial resources or other constraints, such as a lack of transportation or inflexible work schedules. Depending on what is available in their community, families may consider different formal and informal settings for their children, including community-based child care centers, in-home child care offered by a licensed provider, in-home child care offered by a relative, neighbor, or friend, and early education programs (such as Head Start or pre-kindergarten).

The purpose of the Maryland Child Care Choices Study is to examine the child care decision-making process and child care choices of Maryland families who recently applied for the Temporary Cash Assistance (TCA) program. This study was conducted to provide policymakers in Maryland and other states with insights into the challenges families face and the resources and supports that are most effective in helping families navigate and access the full spectrum of early care and education options.

The Maryland Child Care Choices Study is a longitudinal survey-based study that was launched in 2010 by researchers from Child Trends and the University of Minnesota, in collaboration with state child care and education administrators in Maryland and Minnesota, Towson University and Wilder Research. This study is part of a Child Care Policy Research Partnership grant, funded by the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families, U.S. Department of Health and Human Services.

Prior to receipt of this grant, the research team conducted a similar longitudinal survey starting in 2007 in Minnesota, entitled the Minnesota Child Care Choices Study. This Brief provides a description of the study design and sample for the Maryland Child Care Choices study, and is part of a series of Research Briefs summarizing findings from the baseline data of the Maryland Child Care Choices study. This Brief series mirrors a similar set of Research Briefs from the Minnesota Child Care Choices study. Future publications from this study will explore within-state longitudinal trends and between-state comparisons related to parents’ child care decision-making process, perceptions regarding high quality care, use of child care subsidies and continuity of care.

As a Race to the Top Early Learning Challenge grantee, Maryland has initiated a
number of projects designed to improve early care and education and children’s school readiness. These projects include a focus on improving the professional development of the early childhood workforce through coaching, mentoring, and the development of a workforce competency framework; promoting the use of early learning standards; building upon early childhood mental health services; developing new strategies to engage families in children’s early learning; and completing a pilot and validation study of Maryland’s new Quality Rating and Improvement System, Maryland EXCELS, which offers child care providers and programs with quality standards, supports for improving quality, and quality ratings that are available to parents seeking care.1 The Maryland Child Care Choices study was developed jointly with state administrators in Maryland in an effort to support empirically-driven decisions related to the Race to the Top Early Learning Challenge projects, administration of the child care subsidy program, and other Maryland initiatives designed to support the quality of early care and education in the state.

This first Brief provides an overview of the study’s research questions and design, and describes the sample of families who participated in the baseline survey. Other Briefs in the series will summarize descriptive findings from the study on a number of important topics, such as:

- **Families’ child care decision-making process and choices.** How do TCA applicants make child care choices? Specifically, what sources of information do parents use when making child care decisions? How many options do they consider? How long do they take to make a choice? What types of child care do they select, and do these choices differ by child, parent, or family characteristics?

- **Child care payments, use of help to pay for child care, and child care choices.** How much are TCA applicants paying for child care? Are subsidies and child care payments associated with parents’ child care preferences and choices? Do parents who use subsidies prefer and select different child care arrangements than families who do not use subsidies?

- **Maternal depression among a sample of TANF applicants with young children.** What is the prevalence of depressive symptoms among mothers applying for TCA? Are depressive symptoms associated with child, parent, or family characteristics? How closely correlated are experiences of depressive symptoms and maternal perception of parenting stress?

To supplement these Briefs, one-page fact sheets have been prepared to summarize selected findings from the Maryland Child Care Choices study baseline data. Topics addressed on fact sheets include employment patterns and child care-related work disruptions among TCA applicants, and parental perceptions of quality.

**STUDY METHODS**

The Maryland Child Care Choices study uses survey and administrative data sources to address research questions. A longitudinal survey conducted by Wilder Research is used to gather information every five to six months from a sample of low-income

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1 To learn more about Maryland’s Race to the Top Early Learning Challenge grant projects, see the following website: http://www.marylandpublicschools.org/MSDE/programs/race_to_the_top.
parents that have at least one child age six or under, have recently applied to receive TCA, and live in one of seven selected rural, suburban, or urban jurisdictions in Maryland (see Figure 1 for jurisdictions). Families meeting the eligibility criteria were recruited into the study by county department of social service case managers at the time of their application for TCA. Baseline interviews for this study were conducted between July 2011 and October 2012.

The longitudinal survey includes questions on a variety of topics, including:

- families’ child care preferences and choices
- factors that may affect their child care choices
- processes used to make child care decisions
- families’ perceptions regarding child care quality
- parental employment and child-care-related work disruptions
- parental stress, health, and emotional well-being
- use of public assistance programs

FIGURE 1: Jurisdictions included in the Maryland Child Care Choices Study Longitudinal Survey

In addition to the longitudinal survey, a brief survey was administered to a sample of providers participating in Maryland’s pilot Quality Rating and Improvement System. The purpose of these interviews was to gain information on providers’ perspectives on three domains of child care quality: developmentally appropriate practice, cultural competence, and family-sensitive caregiving.

This study also uses administrative data from Maryland’s child care subsidy program and portfolio-based kindergarten school readiness assessment data, collected as part of the Maryland Model for School Readiness, to learn more about the associations between child care choices, quality, and continuity and children’s school readiness.
Products developed from the Maryland Child Care Choices study clearly delineate which of these data sources were used in developing findings. In addition to the baseline product series, future products, including Research Briefs and journal articles, will be produced from the data sources described above.

SAMPLE DESCRIPTION

At baseline, the sample for the longitudinal Maryland Child Care Choices study consisted of 289 parents. The majority of respondents (97%) were mothers. Most parents (81%) were single and did not live with a spouse or partner. The average age of respondents was 27 years old with a modal age of 24. On average, families in the Maryland Child Care Choices study had two residential children under the age of 18. The largest proportion of parents in the sample had received a high school diploma or GED (37%). Twenty-two percent of parents had less than a high school education and one-quarter had attended some college or vocational school. Finally, 9% had a vocational or an associate’s degree and 8% had a bachelor’s degree or more (see Figure 2).

Only a quarter of parents had been working for pay in the week prior to the baseline interview. An additional 27% had been looking for a job and 19% were attending school. Almost a third of those parents in school (n=17) were also looking for work. An additional 13% were not working or in school and not looking for a job. The remaining 16% were either in an unpaid job training program (n=31), receiving disability (n=11), or volunteering (n=3).
The annual median household income for survey participants was $15,000. The majority of families (72%) earned less than or equal to 100% of the Federal Poverty Level (FPL) and only 10% had a household income equal to or greater than 175% FPL (see Figure 4).

Study participants and members of their households were receiving a variety of social services at the time of the baseline survey. Almost all participants reported that someone in their household was receiving Medicaid/Medicare (88%) or food stamps (94%). A majority of families also received TCA (55%) and Women, Infants and Children benefits (WIC; 62%). Other services used by study participants and their families included free and reduced price meals (39%), public housing (13%), Section 8 housing vouchers (13%), and social security (7%). Forty percent of families reported receiving child care subsidies from the state. While less than 1% of participants indicated receiving disability insurance for themselves, 10% indicated that someone in their household received it. Approximately 3% of respondents were receiving unemployment insurance.
From each family, one child, aged birth to five years, was randomly selected for the study. If there was no child under five at the time of the baseline interview, but there was a six-year-old, parents were invited to complete the survey and the six-year-old was selected as the focal child. For each of the Maryland Child Care Choices Briefs, findings are based on questions about the focal child unless stated otherwise. Focal children ranged in age from less than one month to 6 years old at the baseline interview. On average, focal children were 32 months old. As shown in Figure 5, 22% of children were infants (birth to 15 months old), 31% were toddlers (16 to 32 months old), 42% were pre-school aged (33 months to 5 years old, and not yet in kindergarten) and the remaining 5% were school-aged (5 years or older and attending kindergarten or first grade).

The majority of children in the sample were non-Hispanic African-American (57%). One in four (21%) were non-Hispanic White, 6% were Hispanic, and 3% were a single other race. The remaining 12% were of mixed ethnic background, with the majority identifying themselves as African American and White. Other ethnicities represented include Chinese, Vietnamese, Alaskan Native/Native Hawaiian, Mexican, Puerto Rican, and Central American. All 289 parents in the baseline sample completed the interview in English. Ninety-five percent of parents reported English as their primary language spoken at home. The remaining 5% reported speaking other languages at home, including Spanish, Amharic, Creole, French, Mungaka, Nepali, and Urdu.

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**FIGURE 5: Age distribution of children in the sample**

- Infants (birth to 15 months): 22%
- Toddlers (16 to 32 months): 31%
- Pre-school aged (33 months to 5 years old and not yet in kindergarten): 42%
- School-aged (5 years old and above): 5%

Note: n=289 Percentages do not add to exactly 100% due to rounding.

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2One percent (n=3) of focal children in the sample were six years old.
The majority of parents rated their child as being in excellent or very good health (85%). Ten percent of children had received services for a disability, such as occupational or speech therapy, and 7% of children had health problems that limited their participation in activities. Only 4% of parents indicated that their child’s other conditions, such as behavioral problems, might affect their child care decision-making process.

**Type of primary child care arrangements used by participants**

Most parents reported using at least one non-parental child care arrangement for the focal child (85%; see Figure 7). For children who were in non-parental care arrangements, the primary child care arrangement was the arrangement used for the most hours per week to care for the focal child. The greatest proportion of children in the sample were cared for by non-licensed family, friends, or neighbors (40%). Of these children, most were cared for in their own home (73%), while the other 27% of children were cared for outside of their home. Thirty-seven percent of children were cared for in child care centers. Only 7% were cared for in licensed or professional family child care. Finally, 1% were in before- or after-school care or summer programs. This figure is not surprising given the small number of school-aged children in the sample. For more information about parents’ child care choices, see the Maryland Child Care Choices Child Care Decision-Making Brief.
FIGURE 7: Type of primary care arrangement

Note: n=289

DIRECTIONS FOR FUTURE RESEARCH

Findings from the Maryland Child Care Choices Study will provide timely and useful information to stakeholders and decision makers in Maryland and other states. Through the analysis of longitudinal survey data, child care subsidy administrative data, and portfolio-based kindergarten school readiness assessments, this study will explore multiple research questions related to parents' child care choices, perceptions of quality, continuity of care, and children's school readiness. Specifically, information from this study will illustrate how low-income parents make child care choices, how these choices affect the quality and type of care parents select, and whether type and quality of care are associated with continuity in children's care arrangements, children's school readiness, and parents' employment outcomes. This information can guide discussion among child care subsidy administrators, policymakers, practitioners and researchers about how to develop child care policies and practices that can best meet the needs of low-income families.

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